INFORMATION REQUESTED FOR PERMISSION TO TELEVISION/VIDEO TAPE MUSICAL WORK

1. Material to be used: (Attach additional sheet(s) if necessary.)

Title

Composer

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

2. Projected use:

Television date

Duration of requested use (if more than one time)

Music to be televised as: ☐ Feature performance ☐ Background music ☐ Theme song

Station type: ☐ Network ☐ Local ☐ Cable ☐ Public

Television performance to include: ☐ Paid commercials/advertisers ☐ Public service announcements at no charge

☐ Other (please specify)______________________________________________________

Length of OCP recorded music (hours minutes seconds)

Total length of video recording (hours minutes seconds)

Title of video

Release date

Number of video recordings/copies

Retail price per copy

Number of copyrighted songs

Uncopyrighted songs

Type of distribution intended (to general public, schools, churches, or otherwise)

Territory in which recording is to be marketed. If distribution in Canada and other countries outside the USA please so state, along with what proportion of total distribution will be made to these countries.

3. Person or Firm seeking permission:

Name of person or firm to be named as licensee (i.e., the copyright owner of the projected work, if it is to be copyrighted)

Organization

Attention

Street address

City

State

Postal Code

Country

Telephone number(s)

Fax

Email address

Name and address of final licensee (if different from above)

__________________________________________________________________________

4. Preferred schedule of payment: (We reserve the right to determine final schedule of payment.)

Indicate: ☐ In advance ☐ Quarterly ☐ Annually ☐ Semi-annually ☐ Other ____________________________

ATTENTION: LICENSING DEPARTMENT

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